



**FOSTER CARE PLACEMENT NOTIFICATION AND
PRELIMINARY ELIGIBILITY DETERMINATION**
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE
SFN 630 (6-2005)

Date	Name of Social Worker	Financial County	
Name of Child		Social Security Number	
Date of Birth	Place of Birth	Emergency Placement Yes No	Placement Date
Name of Foster/Group Home			
Name of School		Grade Completed	Expected Graduation Date
Court Order Date	Custody Given To		

ATTACH COPY OF PETITION/COURT ORDER

PARENTS

Name of Mother	Date of Birth	Telephone Number	
Address	City	State	Zip Code
Name of Father	Date of Birth	Telephone Number	
Address	City	State	Zip Code
Marital Status of Natural Parents			Is there a step-parent in the home? No Yes

CHILD SUPPORT

Has Child Support Been Ordered by the Court? No Yes	If Yes, Date	Amount of Child Support
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RESIDENCE

Was the child living with a relative in the month court action was initiated? No Yes	If Yes, List Relationship	Number of Siblings That Lived with the Child
If no, where did the child live in the previous six months?	If no, with whom did the child live with in the previous six months?	

INCOME AND ASSETS

Does the child have any income? No Yes	If Yes, Type of Income	Amount of Income
Does the child have a bank account or any other assets? No Yes	If Yes, Type of Asset	Amount of Asset
Did the child receive TANF prior to placement? No Yes		
Does the child's parent(s) work? No Yes	If Yes, Name of Employer	Monthly Gross Earnings
Does the child's parents receive Social Security or other benefits? No Yes	If Yes, Type of Benefit	Amount of Benefit
Does the child have Health Insurance? No Yes	Type of Coverage	
Name of Company	Policy Number	
Name of Policy Holder		

Has the child been referred for screening services under Health Tracks?	No	Yes
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DISTRIBUTION: Financial County
Legal Custodian
Regional Human Service Center